

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: Borough of New Providence County: Union
 Employee Organization: Local Union 469 Teamsters Employees in Unit: 15
 Base Year Contract Term: 1/1/2012 12/31/2014 New Contract Term: 1/1/2015 12/31/2018
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic			
Item 1	Salary	\$974,292	\$976,455
Item 2	Increment		
Item 3	Longevity	\$12,000	\$12,000
Item 4	License Stipend	\$7,000	\$85,000
Item 5	Clothing	\$14,000	\$15,000
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet Additional Items			
Section III: Totals - Sum of costs in each column		\$1,007,292 (Total)	\$1,011,955 (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$1,007,292

Effective Date (m/d/yyyy)	1/1/2015	1/1/2016	1/1/2017	1/1/2018
Percent Increase	2	2	2	2
Total cost of increase	\$4,663	\$32,496	\$31,425	\$33,641
Total base salary (successor agreement)	\$1,011,955	\$1,044,451	\$1,075,876	\$1,109,517

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.00
 Dollar Impact (average per year over term of agreement) \$25,556.00

Section VI

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan	\$319,040	\$356,965			
Employee Contributions	\$51,668	\$59,357			
Prescription					
Dental	\$17,410	\$16,879			
Vision		\$742			

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by:

Deborah R. Marina
 Print Name
Deborah R. Marina
 Signature

Title:

Administrator

Date:

10/15/15